

Please type a plus sign (+) inside this box ☐

Approved for use through 09/30/2000. OMB 0651-0033  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1c974 U.S. PTO

09/766485

01/19/01

# REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
 Box Patent Application  
 Washington, DC 20231

Attorney Docket No.

First Named Inventor

Dionisio Rio Simoes

Original Patent Number

6,045,360

Original Patent Issue Date  
(Month/Day/Year)

April 4, 2000

Express Mail Label No.

APPLICATION FOR REISSUE OF:  
 (check applicable box)



Utility Patent



Design Patent



Plant Patent

## APPLICATION ELEMENTS

1. ☒ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☒ Specification and Claims (amended, if appropriate)
3. ☒ Drawing(s) (proposed amendments, if appropriate)
4. ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
5. Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
 (PTO/SB/53 or PTO/SB/54)  
 or  
☐ Ribboned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
6. Original U.S. Patent currently assigned?  
☐ Yes ☒ No  
 (If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53 or 54)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

## ACCOMPANYING APPLICATION PARTS

7. ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
8. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
9. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
10. ☐ \* Small Entity Statement(s) ☒ Statement filed in prior application,  
Status still proper and desired  
(PTO/SB/09-12)
11. ☐ Preliminary Amendment
12. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
13. ☐ Other: \_\_\_\_\_

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY  
 SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED  
 (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION  
 IS RELIED UPON (37 C.F.R. § 1.28).

## 14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	Felix J. D'Ambrosio				
Address	P.O. Box 2266 Eads Station				
City	Arlington	State	VA	Zip Code	22202
Country	U.S.A.	Telephone	(703) 415-1500	Fax	(703) 415-1508

NAME (Print/Type)	Felix J. D'Ambrosio	Registration No. (Attorney/Agent)	25,721
Signature	<i>Felix J. D'Ambrosio</i>	Date	1/19/2001


Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

PTO/SB/56 (08-00)

Approved for use through 12/30/2000 OMB 0651-0033

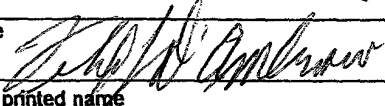
U S Patent and Trademark Office, U S DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional)		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 19	Total Claims (37 CFR 1.16(i))	(B) 19	**** =	x \$ _____ =		or	x \$ _____ =	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	* =	x \$ _____ =			x \$ _____ =	
Basic Fee (37 CFR 1.16(h))					\$ _____		\$ 355	
Total Filing Fee					\$ _____	OR	\$ 355	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee					\$ _____	OR	\$ _____	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C)</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>10-1213</u> A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>975*</u> to cover the filing / additional fee is enclosed</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>* \$355 filing fee and \$620 Petition to Revoke Fee</p>								
1/19/2001		 Signature of Applicant, Attorney or Agent of Record <b>Felix J. D'Ambrosio, Reg. 25,721</b> Typed or printed name						

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

PTO/SB/53 (12-97)  
Approved for use through 9/30/00. OMB 0681-0033  
Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REISSUE APPLICATION BY THE INVENTOR, OFFER TO SURRENDER PATENT</b>		Docket Number (Optional)
<p>This is part of the application for a reissue patent based on the original patent identified below.</p>		
Name of Patentee(s) Dionisio Rio Simoes		
Patent Number 6,045,360	Date Patent Issued April 4, 2000	
Title of Invention INSTRUMENT FOR THE MEDICAL OR DENTAL TREATMENT OF CHILDREN		
<p>I am the inventor of the original patent.</p> <p>I offer to surrender the original patent.</p> <p>1. <input type="checkbox"/> Filed herein is a certificate under 37 CFR 3.73(b).</p> <p>2. <input checked="" type="checkbox"/> Ownership of the patent is in the inventor(s), and no assignment of the patent has been made.</p> <p>One of boxes 1 or 2 above must be checked.</p> <p>The written consent of all assignees owning an undivided interest in the original patent is included in this application for reissue.</p>		
Signature 	Date 1/19/2001	
Typed or printed name Felix J. D'Ambrosio Reg. No. 25,721		
The assignee owning an undivided interest in said original patent is _____, and the assignee consents to the accompanying application for reissue.		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application, any patent issued thereon, or any patent to which this declaration is directed.		
Name of assignee		
Signature of person signing for assignee	Date	
Typed or printed name and title of person signing for assignee		

**Burden Hour Statement:** This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

(Reissue Application by the Inventor — Offer to Surrender Patent (PTO/SB/53) [17-2.1]—page 1 of 1)